

CMS NET Business Objects
Data Dictionary

CMS TABLE LABEL	OBJECTS	Type	Width	Allowable Values/Comments:
PATIENT REGISTRATION	SOURCE: Information as entered on 'Patient Registration' Screen			
	PRIEN	N/A For internal use		
	Name	Text	53	
	Date of Birth	Date	10	
	Case Number	Text	10	
	Gender	Text	1	F,M,U
	Case Status	Text	15	ACTIVE CLOSED DENIED NOT OPEN PENDING REOPEN PENDING TRANSFER/ACTIVE
	Last Updated	Date	10	
	Last Updated By	Text	5	*Pointer to User Table
	Originally Entered On	Date	10	
	Originally Entered By	Text	5	*Pointer to User Table
	Social Security Number	Text	9	SSN - no dashes
	Temporary Case Number	Text	13	
	Client Index Number	Text	10	
	Alias	Text	53	
	Current Legal County	Text	23	Full County Name
	Current Residence County	Text	23	Full County Name
	PT ZIP Code	Text	5	
	Mothers Maiden Name	Text	20	Free text. If blank or UNK, DB2 to default 'UNKNOWN'.
	Mothers SSN	Text	9	
	Mothers Date of Birth	Date	10	
	Birth Name	Text	53	
	Mothers First Name	Text	20	
	SCI Last Update	Date	10	
	SCI Known to Programs	Text	60	Free text. If blank, DB2 to default 'CCS'.
	Ethnic Group	Text	30	All Values from CMS Net Patient Registration
	Ethnic Group MEDS Code	Text	2	MEDS Ethnicity Code
	Birthplace	Text	50	All Values from CMS Net Patient Registration
	Language	Text	30	All Values from CMS Net Patient Registration
	Language MEDS Code	Text	2	MEDS Language Code
	MTU Only	Text	3	YES,NO; If blank, default 'NO'.
	MTU	Text	30	Free text-Name of MTU
	School	Text	30	Free text
	Place Out of Home	Text	3	YES,NO; If blank, default 'NO'.
	Placed Vol-Involuntarily	Text	13	INVOLUNTARILY VOLUNTARILY or BLANK
	Individual Education Plan	Text	3	Yes/No
	CO Chart Number	Text	20	Free text
	CO Close Request Date	Date	10	
	First Referral Date	Date	10	First date patient was ever referred to CCS.
	Last Name	Text	20	Free text
	Lastname 1st Letter	Text	1	First letter of the Clients last name
	Appellation	Text	3	Free text
	First Name	Text	15	Free text
	Middle Name	Text	15	Free text
	Birth Last Name	Text	20	Free text
	Birth Appellation	Text	3	Free text
	Birth First Name	Text	15	Free text
	Birth Middle Name	Text	15	Free text
	Current Elig Start Date	Date	10	
	Current Elig Close Date	Date	10	
	Current Elig Denied Date	Date	10	

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	Current CCS Elig Status	Text	20	9K CCS 9M MTP ONLY 9N M/C ONLY 9R HF OVER FIN ELIG 9U HF ELIG NOT COMPL
	Current Reason Case Closed Denied	Text	60	Free text
	Current Program End Date	Date	10	
	Current Pending Elig Type	Text	20	ELIG PERIOD ONLY INTERVIEW PENDING MEDI-CAL PENDING OR Blank
	Current F-R Status	Text	10	Current Financial/Residential Eligibility Status - PENDING, INELIGIBLE, ELIGIBLE OR Blank
	Current Medical Elig Status	Text	10	INELIGIBLE, ELIGIBLE OR Blank
	Intake Date	Date	10	Date case was first entered in CMS Net, across all counties.
	Application Status	Text	30	ET, FINAL NOTICE/NO APP RECD, HEALTHY FAM COUNTY LETTER SENT, M/C-NO APP NEEDED, NO ACTION, NO ACTION-MED REPORTS NOT RECD, NO ACTION-NO RESPONSE, NO APP SENT, SIGNED APP, 1ST LETTER SENT, 2ND LETTER SENT
	App Signed-Received Date	Date	10	
	Reason App Not Signed	Text	25	Free text
	First Application Letter	Text	15	Letter Number
	Second Application Letter	Text	15	Letter Number
	Third Application Letter	Text	15	Letter Number
	App Status Last Update Date	Date	10	
	Application Status Type	Text	10	CCS , HF, MEDI-CAL, MTU, NEW, OLD, Blank
	Medi-Cal Number	Text	14	\$ Amount
	Share of Cost	Numeric	7	No decimal, no comma preload Blank
	Subcategories Under Medi-Cal	Text	40	All fields blank
	First Auth Date	Date	10	Date of first authorization, Legacy only
	Current Legal County Code	Text	2	County Code (Current)
	Current Residence County Code	Text	2	County Code (Current)
	CCS HF MC Ind	Text	3	Financial Indicator, calculated based the following rules from State CMS Policy: HF: Medi-Cal Numbers with 9H, 0C, 8X, or 7Y in the third and fourth digit of the aid code MC: Medi-Cal Numbers with all EXCEPT 9H, 0C, 8X, or 7Y in the third and fourth digit of the aid code CCS: Blank Medi-Cal number
	Age Months	Numeric	2	Months until next birthday (0 – 11)
	Age Years	Numeric	2	Date of Birth, in Years
	Current Legal County	Filter		Automatically filters out reports to only show cases currently in your county. Use in all reports.

REFERRAL-TRANSFER	SOURCE: 'Patient Registration'. Patients assigned NOW or in the PAST to your county			
NOTE: To see your 'CURRENT' caseload, do not pull from here. Use 'Current Referral-Transfer' below				
	Second Field	N/A For Internal Use		
	Referral-Transfer Date	Date	10	
	RT-Residence County	Text	23	Residence County (Text)
	Referral or Transfer	Text	8	
	Legal County	Text	23	Legal County (Text)
	Referral Source	Text	30	Free text
	Referral By	Text	40	Free text
	RT-Residence County Code	Text	2	County Code (Current)
	RT-Legal County	Text	2	County Code (Current)
	Ref Tran Ent Dt	Date	10	Date referral or transfer was entered into the system. This is an internal CMS Net number used for performance measures.

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CMS TABLE LABEL	OBJECTS	Type	Width	Allowable Values/Comments:

CURRENT REFERRAL-TRANSFER	Source: 'Patient Registration'. Patients that are NOW assigned to your county			
	Ref Tran Dt Reg	Date	10	
	Res Co Reg	Text	23	Residence County (Text)
	Ref or Tran Reg	Text	8	
	Lgl Co Reg	Text	23	Legal County (Text)
	Ref Source Reg	Text	30	Free text
	Ref By Reg	Text	40	Free text
	Res Co Code Reg	Text	2	County Code (Current)
	Lgl Co Code Reg	Text	2	County Code (Current)
	Ref Tran Ent Dt	Date	10	Date current (most recent) referral or transfer was entered into the system. This is an internal CMS Net number used for performance measures.

ADDRESS	Source: Addresses related to case			
	Second Field	N/A For Internal Use		
	Address Type	Text	30	AUTHORIZED SPECIALIST 1, AUTHORIZED SPECIALIST 2, AUTHORIZED SPECIALIST 3, OTHER, OTHER AUTHORIZED SPECIALIST, SPECIALIST 1, OTHER AUTHORIZED SPECIALIST 2, OTHER SPECIALIST, PATIENT, PRIMARY, PRIMARY CARE PHYSICIAN (means Medical Home)
	Name	Text	40	Free text
	Address Line 1	Text	40	
	Address Line 2	Text	40	
	City State	Text	40	
	Zip Code	Text	10	
	Phone Notes	Text	20	
	Work Phone	Text	10	
	Relation to PT	Text	30	
	Other Work Phone	Text	10	
	Numeric Phone	Text	10	

USER	Source: CMS Net security. Users with CMS Net ID and info on their Security level			
	USERIEN	N/A For Internal Use		
	User Name	Text	35	
	User Status	Text	8	
	Security Group	Text	30	
	Primary County	Text	23	
	Secondary County	Text	23	
	Regional Office	Text	45	
	Unique User ID (Worker Code)	Text	4	Worker Code
	User Last Update	Date	10	When ID was last updated
	User Current Activation Date	Date	10	
	User Last Access Date	Date	10	If Blank, user was active prior to 7/25/2000

COUNTY CASE MANAGER	Source: CMS Net security. Users with CMS Net ID and info on their Security level			
	USERIEN	N/A For Internal Use		
	User Name	Text	35	
	User Status	Text	8	
	Security Group	Text	30	
	Primary County	Text	23	
	Secondary County	Text	23	
	Regional Office	Text	45	
	Unique User ID (Worker Code)	Text	4	Worker Code
	User Last Update	Date	10	When ID was last updated

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CMS TABLE LABEL	OBJECTS	Type	Width	Allowable Values/Comments:
	User Current Activation Date	Date	10	
	User Last Access Date	Date	10	If Blank, user was active prior to 7/25/2000

REGIONAL CASE MANAGER	Source: CMS Net security. Users with CMS Net ID and info on their Security level			
	USERIEN	N/A For Internal Use		
	User Name	Text	35	
	User Status	Text	8	
	Security Group	Text	30	
	Primary County	Text	23	
	Secondary County	Text	23	
	Regional Office	Text	45	
	Unique User ID (Worker Code)	Text	4	Worker Code
	User Last Update	Date	10	When ID was last updated
	User Current Activation Date	Date	10	
	User Last Access Date	Date	10	If Blank, user was active prior to 7/25/2000

MANAGED CARE PLAN	Source: As entered on 'Insurance Coverage' screen			
	Second Field	N/A For Internal Use		
	Plan Name	Text	30	
	Plan Number	Text	20	
	Enrollment Date	Date	10	
	Disenrollment Date	Date	10	

MISC TICKLER	Source: System and User created Ticklers in CMS Net			
	Second Field	N/A For Internal Use		
	Miscellaneous Tickler Date	Date	10	
	Miscellaneous Tickler Reason	Text	70	Free text
	Miscellaneous Tickler Due	Date	10	
	Miscellaneous Tickler Entered By	Text	5	*Pointer to User Table
	Miscellaneous Tickler Date Entered	Date	10	

CLIENT ELIGIBILITY SUMMARY	Source: 'Client Eligibility'. Patient assigned NOW or in the PAST to your county			
NOTE: To see your 'CURRENT' caseload, do not pull from here. Use 'Current Client Eligibility' below				
	Second Field	N/A For Internal Use		
	Eligibility Start Date	Date	10	
	Eligibility End Date	Date	10	This is "closed date".
	Eligibility Deny Date	Date	10	
	Eligibility CCS Status	Text	20	9K CCS 9M MTP ONLY 9N M/C ONLY 9R HF OVER FIN ELIG 9U HF ELIG NOT COMPL
	Eligibility Status	Text	15	ACTIVE, CLOSED, DENIED
	Eligibility Case Type	Text	7	NEW, REOPEN, BLANK
	Eligibility Legal County	Text	23	
	Eligibility Reason Closed	Text	60	AID CODE CHANGED, DEATH OF PATIENT, ELIGIBLE CONDITION CURED, FAMILY COVERED BY PREPAID HEALTH PLAN, FINANCIALLY INELIGIBLE, MEDICALLY INELIGIBLE, NO RESPONSE AT LAST KNOWN ADDRESS, NO TREATMENT INDICATED AT THIS TIME, OTHER, PARENTS WILL HANDLE PRIVATELY
	Eligibility Determined By	Text	30	Free Text
	Eligibility Determined Date	Date	10	
	Eligibility Last Update	Date	10	
	Eligibility Last Update By	Text	5	*Pointer to User Table

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CMS TABLE LABEL	OBJECTS	Type	Width	Allowable Values/Comments:
	Open Date	Date	10	The date the user physically makes the case active on the client eligibility screen. If record was active prior to May 2001 field is NULL.

ICD-DIAGNOSIS	Source: Client's diagnosis as entered on 'Patient Registration' Screen			
	Second Id	N/A For Internal Use		
	ICD9	Text	6	
	Description	Text	100	Description of diagnosis
	Priority	Text	1	Priority of Diagnosis (1-5)

PROGRAM ELIGIBILITY	Source: 'Medical Eligibility'. Clients assigned NOW or in the PAST to your county			
NOTE: To see your 'CURRENT' caseload, do not pull from here. Use 'Current MED Eligibility' below				
	Prog Elig Beg Dt	Date	10	
	Prog Elig End Dt	Date	10	
	Med Elig Status	Text	10	
	Med Elig Lst Upt By	Text	35	
	Med Elig Lst Upt Dt	Date	10	
	Med Elig Detrmnd By	Text	30	
	Med Elig Detrmnd Dt	Date	10	Medical Eligibility Date Determined
	Med Elig Next Rview	Date	10	
	Med Elig Dx Only	Text	3	
	Med Elig Mtu prv Tr	Text	30	
	PSA Status	Text	20	Blank or the following values: NOT REQUIRED NOT SIGNED SIGNATURE PENDING SIGNED
	PSA Signed Dt	Date	10	
	PSA Due Dt	Date	10	
	FIN Elig Dt	Date	10	Financial Eligibility Date Determined
	RES Elig Dt	Date	10	Residential Eligibility Date Determined

MED ELIGIBILITY DIAGNOSIS	Source: 'Medical Eligibility' Screen. Client assigned NOW or in the PAST to your county.			
NOTE: To see your 'CURRENT' caseload, do not pull from here. Use 'Current MED Eligibility Diagnosis' below				
	Dx Priority	Text	1	
	Icd9 Code	Text	6	
	Icd9 Description	Text	100	

INSURANCE AND OTHER COVERAGE	Source: As entered on 'Other Coverage' screen			
	PRIEN	N/A For Internal Use		
	Primary Policy	Text	3	Blank, NO, YES
	Other Coverage	Text	40	Name of Insurance/Other Coverage
	Type of Insurance	Text	9	Blank or the following values: HMO INDEMNITY OTHER PPO
	Start Date	Date	10	
	Termination Date	Date	10	
	Policy Number	Text	30	
	Deductible	Numeric	8	
	Max Benefit Amt	Numeric	10	
	Sent Coverage Doc	Date	10	
	Healthy Family Coverage	Filter		Name of Insurance/Other Coverage contains "HF" or "Healthy Families"

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CMS TABLE LABEL	OBJECTS	Type	Width	Allowable Values/Comments:
	Not Healthy Family Coverage	Filter		Name of Insurance/Other Coverage does not contain "HF" or "Healthy Families"

CURRENT CLIENT ELIGIBILITY	Source: 'Client Eligibility'. Clients <u>currently</u> assigned to your county			
	Eligibility Start Date	Date	10	
	Eligibility End Date	Date	10	This is "closed date".
	Eligibility Deny Date	Date	10	
	Eligibility CCS Status	Text	20	9K CCS, 9M CCS-MTP ONLY, 9N CCS-M/C ONLY, 9R CCS-HF OVER CCS FIN ELIG, 9U-CCS-HF No Signed PSA
	Eligibility Status	Text	15	ACTIVE, CLOSED, DENIED
	Eligibility Case Type	Text	7	NEW, REOPEN, BLANK
	Eligibility Legal County	Text	23	
	Eligibility Reason Closed	Text	60	AID CODE CHANGED, DEATH OF PATIENT, ELIGIBLE CONDITION CURED, FAMILY COVERED BY PREPAID HEALTH PLAN, FINANCIALLY INELIGIBLE, MEDICALLY INELIGIBLE, NO RESPONSE AT LAST KNOWN ADDRESS, NO TREATMENT INDICATED AT THIS TIME, OTHER, PARENTS WILL HANDLE PRIVATELY
	Eligibility Determined By	Text	30	Free Text
	Eligibility Determined Date	Date	10	
	Eligibility Last Update	Date	10	
	Eligibility Last Update By	Text	5	*Pointer to User Table
	Open Date	Date	10	The date the user physically makes the case active on the client eligibility screen. If record was active prior to May 2001 field is NULL.

CURRENT MED ELIGIBILITY	Source: 'Medical Eligibility'. Clients <u>currently</u> assigned to your county			
	Prog Elig Beg Dt	Date	4	
	Prog Elig End Dt	Date	4	
	Med Elig Status	Text	10	
	Med Elig Lst Upt By	Text	35	
	Med Elig Lst Upt Dt	Date	4	
	Med Elig Detrmnd By	Text	30	
	Med Elig Detrmnd Dt	Date	4	Medical Eligibility Date Determined
	Med Elig Next Rview	Date	4	
	Med Elig Dx Only	Text	3	
	Med Elig Mtu prv Tr	Text	30	
	PSA Status	Text	20	Blank or the following values: NOT REQUIRED NOT SIGNED SIGNATURE PENDING SIGNED
	PSA Signed Dt	Date	10	
	PSA Due Dt	Date	10	
	FIN Elig Dt	Date	10	Financial Eligibility Date Determined
	RES Elig Dt	Date	10	Residential Eligibility Date Determined

CURRENT MED ELIGIBILITY DIAGNOSIS	Source: 'Medical Eligibility'. Clients <u>currently</u> assigned to your county			
	Dx Priority	Text	1	
	Icd9 Code	Text	6	
	Icd9 Description	Text	100	

MEASURES	Provide Counts (#s) for Information Selected			

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CMS TABLE LABEL	OBJECTS	Type	Width	Allowable Values/Comments:
	Participant Count	Measure		Counts the number of occurrences for any field. For example, using this with "Case Status" will count how many clients for each case status.

CASE NOTES	Source: Case Notes in CMS Net			
	Entry Date	Date	10	Date Case Note Entered
	Subject Code	Text		Case note subject code. Descriptions at http://www.dhcs.ca.gov/services/ccs/cmsnet/Documents/SubjectCodes.pdf . Type subject code in Business Objects exactly as shown in above document.
	Subject Code Desc	Text		Descriptions at http://www.dhcs.ca.gov/services/ccs/cmsnet/Documents/SubjectCodes.pdf